

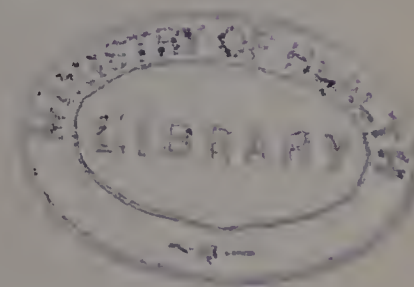
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RURAL DISTRICT OF MERE & TISBURY

Annual Report
of
The Medical Officer of Health

INCORPORATING

The Report
of
The Chief Public Health Inspector



FOR THE YEAR 1956

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RURAL DISTRICT OF MERE AND TISBURY
ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
INCORPORATING THE REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1956

To the Chairman and Councillors of the Rural District of Mere and Tisbury.

I have the honour to present the Annual Report on the public health of the District during 1956.

The report of the Chief Public Health Inspector, Major T. A. Brown, is incorporated, and provides detailed information in regard to sanitary circumstances in the District.

I wish to record my appreciation of the assistance and co-operation of the staff of the Public Health Department and of my colleagues in other departments of the Council.

I have the honour to be,

Your obedient Servant,

F. JOHN G. LISHMAN,
Medical Officer of Health.

INTRODUCTORY SUMMARY

Special attention is drawn to the following sections of the Report :

1. In the " Vital Statistics " Section :—

The "adjusted" general death rate of 9.4 per 1,000 is lower than for last year, and also lower than the rate for England & Wales. More than half of it was due to diseases of the heart or circulation.

The "nil" maternal mortality rate.

The raised infant mortality rate of 34.6 per 1,000 live births.

The very low tuberculosis mortality rate of less than 0.1 per 1,000.

2. In the " Communicable Disease " Section :—

The District was generally fortunate in having a general low incidence of notifiable communicable diseases, and in a low tuberculosis notification rate of less than 0.1 per 1,000.

Preventive "immunisation" of children against diphtheria and whooping cough and against small-pox still falls short of the desired extent, though there is a considerable improvement. Immunisation against Poliomyelitis has begun on a small scale.

3. In the " Environmental Public Health, and Food " Section :—

Comments on the water supplies and on the progress of the Regional Water Scheme are made, also notes about deficiencies in sewage disposal arrangements in Mere, Tisbury and East Knoyle and lack of suitable drainage or sewage disposal in other parts. The need for ensuring an adequate fluoride content in drinking water is also referred to.

Attention is drawn to needed improvements in refuse collecting and disposal, and the need to pay special attention to the supervision of hygienic practice of food handling and processing. This applies to catering establishments as regards inspection, but during housing inspections inadequate arrangements to facilitate hygienic food handling are often found. New powers and duties are laid on the Council by the Food & Drugs Act 1955, and the Food Hygiene Regulations, 1955, which came into operation at the beginning of this year.

In Housing, in spite of the substantial amount of work done by the Council in finding Council Houses, there is still a real need for more housing accommodation for people at present without their own accommodation, or to replace those who are now living in worn out or insanitary buildings in the "condemned" class. The desirability of building upwards in tall towers of apartments or "flats" is also commented upon as a matter for consideration in rural areas as well as in suburban ones. The need to conserve every acre of good agricultural land is now paramount for the health and welfare of this country.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health : F. J. G. LISHMAN, M.D. (Hygiene), B.S. (London), D.P.H. (London)
L.R.C.P., M.R.C.S., D.L.O. (England), L.M.C. (Canada).

Chief Public Health Inspector : Major T. A. BROWN, M.A.P.H.I.

Public Health Inspector : H. SHARRATT, M.A.P.H.I.

Clerk : Miss M. A. RYAN

The Medical Officer of Health also holds appointments as Medical Officer of Health for the Salisbury and Wilton Rural District, and for the Borough of Wilton, and, under arrangements made in 1954, acts as Assistant County Medical Officer for the Wiltshire County Council. (Approximately two elevenths of the Salary for the Joint appointment is allocated to the Mere and Tisbury Rural District Council.)

The Public Health Inspectors also hold appointments as Surveyors, 84% of time being allocated to Public Health Inspectors' duties.

GENERAL STATISTICS

Number of Parishes	..	..	...	..	..	..	..	..	26
Area in Acres	..	..	..	..	..	..	..	..	71,319
Population, 1951 Census	..	..	..	..	..	..	..	..	11,450
Population, Registrar General's Estimate for mid Year	..	..	..	..	..	..	..	..	11,190
Density of population—people per acre	..	..	..	..	..	..	..	..	0.15
Number of inhabited houses or flats	..	..	..	..	..	..	..	..	3,672
Number of applications for Council Housing at end of the year, on waiting list	..	..	..	..	..	..	..	..	192
Rateable Value	..	..	..	..	..	..	..	..	£93,973
Product of a penny rate	..	..	..	..	..	..	..	..	£216-6-0

399

VITAL STATISTICS

TABLE I—BIRTHS AND BIRTH RATE

	<i>Male</i>	<i>Female</i>	<i>Total</i>
LIVE BIRTHS—Legitimate	91	65	156
Illegitimate	8	5	13
Total	99	70	169
STILL BIRTHS—Legitimate	1	0	1
Illegitimate	0	0	0
Total	1	0	1

Comparability Factor for Births	..	..	..	..	..	..	1.15
(This compensates for age and sex distribution of the local population so that the adjusted birth rate can be compared with the rate for England and Wales, and with similarly adjusted birth rates in other areas).							
Live Birth Rate—Crude (Births per 1,000 population)	..	..	..	..	..	..	15.0
Live Birth Rate as adjusted by Comparability Factor	..	..	..	..	..	..	17.3
Live Birth Rate for England and Wales; for comparison	..	..	..	..	..	..	15.7
Live Birth Rate for Wiltshire; (as adjusted) previous year (1955) for comparison	..	..	..	..	..	..	17.1

Comment

The Registrar General's Estimate of mid year population of the Rural District shows a very slight fall, and so does the birth rate, the three previous years "adjusted" birth rate being (1953) 19.3, (1954) 18.8 and (1955) 15.6.

TABLE II—DEATHS AND DEATH RATES

						<i>Males</i>	<i>Females</i>	<i>Total</i>
Number of Deaths	..	..	..	..	..	62	60	122
Crude Death Rate per 1,000 population	..	..	..	..	..	..	..	10.9
Comparability Factor for Deaths	..	..	..	..	..	..	..	0.86
Comment. This factor, being substantially less than unity, indicates that the age distribution of the local population is more elderly than that of the country as a whole.								
Death Rate as adjusted by Comparability Factor	..	..	..	..	..	..	..	9.4
Death Rate for England and Wales for comparison	..	..	..	..	..	..	..	11.7
Death Rate for Wiltshire (adjusted) (previous year)	..	..	..	..	..	..	..	10.2

Comment. The actual Death Rate for the Rural District is substantially lowered, both “crude” and the “adjusted” death rate. It is lower than the national figure this year. Last year’s local figure (adjusted) was 11.3

NATURAL INCREASE

Increase of Live Births over deaths for the year	..	..	..	..	..	..	..	47
Rate of Natural Increase, per 1,000 of Population	..	..	..	..	..	..	..	4.2

TABLE III—INFANT MORTALITY

(A) INFANT DEATHS

<i>Under 1 year old</i>				<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	..	..		3	3	6
Illegitimate	..	..		0	0	0
Total				3	3	6
				==	==	==
<i>Under 4 weeks old</i>				<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	..	..		2	2	4
Illegitimate	..	..		0	0	0
Total				2	2	4
				==	==	==

(B) INFANT MORTALITY RATES (per 1,000 Live Births)

General Infant Mortality Rate (under 1 year old)	..	..	..	34.6
Neonatal Infant Mortality Rate (under 4 weeks old)	..	..	..	23.8
(General Infant Mortality Rate, England and Wales, for comparison	..	..	..	23.8)

Previous year

General Infant Mortality Rates—Mere and Tisbury Rural District	..	..	..	17.0
—England and Wales	..	..	..	23.8
—Wiltshire	..	..	..	18.4

Comment on Table III

The Infant Mortality Rate for the Rural District is fairly satisfactory but is double that of last year. The relatively small number of infant births and deaths make the calculated ‘rate’ subject to a big chance factor. The addition of each single death making a difference in the ‘rate’ equivalent to 6 per 1,000 births.

It will be noted that 4 out of the 6 of the infant deaths occurred under the age of 4 weeks, during the ‘neonatal’ period, when infants are especially vulnerable.

The National Infant Mortality Rate for the year (1956) of 23.8 was a record low figure for the country, and bearing in mind the influence of chance on the local statistics (c.g. 1 of the infant deaths occurring towards the end of last year would have almost equalised last year’s very low figure with this year’s higher one), the rate of 34.6 is not as serious an increase as would appear at first glance.

TABLE IV—Certain “ Specific ” Death rates in Inverse “ Health Index ” Value (Rates per 1,000 population, except for maternal rate)

(1)	Deaths due to Tuberculosis (all forms) (both sexes)	..	..	..	..	1
	Tuberculosis Death Rate	..	..	..	..	*0.1
	Deaths due to Respiratory Tuberculosis	..	..	..	..	1
	Respiratory Tuberculosis Death Rate	..	..	..	..	*0.1
	Previous year's Tuberculosis Death Rate, England and Wales for comparison	..				0.15
	Previous year's Respiratory Tuberculosis Death Rate, England and Wales for comparison					0.13
						* “ less than ”
(2)	Maternal Deaths (Due to Pregnancy, Childbirth or Abortion)	..	..	..	..	0
	Maternal Mortality Rate—per 1,000 live and still births	..	..	..	..	0
	Previous year's Maternal Mortality Rate—England and Wales for comparison	..				0.6
(3)	Deaths from Cancer and related malignant diseases	..	..	..	..	17
	Specific Death rate from Cancer	..	..	..	..	1.5
	Previous year's Death rate from Cancer, England and Wales	..	..		<div> Male 2.3 Female 1.9 </div>	
(4)	Deaths from Heart Disease and other diseases of the circulatory system	..	..	..	..	66
	Specific Death Rate from Heart Disease and other diseases of the circulatory system					5.9
(5)	Deaths from Accidents and Violence	..	..	..	..	8
	Specific death rate from Accidents and Violence	..	..	..	..	0.7

Comment

Certain of the specific “ index ” mortality rates are analysed, or broken down, in the following Table V. On the whole these “ inverse indices ” of the state of health of the community are satisfactory. All are on the low side except the rate for “ heart disease and other diseases of the circulatory system ” which constitutes six elevenths of the total death rate of the district. Special attention is drawn to the very low specific death rate from Tuberculosis and the ‘nil’ rate from pregnancy, child birth or abortion (Maternal Mortality). Both these statistics are very encouraging.

ANALYSIS OF DEATHS BY CAUSE

The Registrar General provides for each district each year an analysis of deaths according to cause, broken down into thirty-six disease headings. These headings lend themselves to a considerable extent to "grouping" the causes of death together in "families" or types of disease related to each other, study of the trends in which may be of interest or value in regard to the particular population concerned. Advantage has therefore been taken of this opportunity to break down the Registrar General's annual table for this district into seven groups, labelled "A" to "G" as set out in Table V.

TABLE V—ANALYSIS OF CAUSES OF DEATH

					<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per</i> <i>1,000</i>
Group A—Certain Communicable Diseases								
1.	Tuberculosis—Respiratory	..	..		1	0	1	*0.1
2.	Tuberculosis—Other	..	..	..	0	0	0	0
3.	Syphilitic Disease	..	..	..	0	0	0	0
4.	Diphtheria	..	..	..	0	0	0	0
5.	Whooping Cough	..	..	..	0	0	0	0
6.	Meningococcal Infections	..	..	..	0	0	0	0
7.	Poliomyelitis	..	..	..	0	0	0	0
8.	Measles	..	..	..	0	0	0	0
9.	Other Infectious and Parasitic Diseases (other than Influenza and Pneumonia)	..	..	..	0	0	0	0
Total Group A					1	0	1	*0.1
* "less than"					<u> </u>	<u> </u>	<u> </u>	<u> </u>
Group B—Cancer and related Malignant Diseases								
					<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per</i> <i>1,000</i>
10.	Malignant Neoplasm—Stomach	..	..		1	0	1	
11.	Lung or Bronchus	..	..		3	1	4	
12.	Breast	..	..		0	1	1	
13.	Uterus	..	..		0	3	3	
14.	Other Malignant or Lymphatic Neoplasm	..	..		4	4	8	
15.	Leukaemia or Aleukaemia	..	..		0	0	0	
Total Group B					8	9	17	1.5
					<u> </u>	<u> </u>	<u> </u>	<u> </u>
Group C—Diabetes								
16.	Diabetes	..	..	..	2	0	2	0.2
					<u> </u>	<u> </u>	<u> </u>	<u> </u>
Group D—Heart and Other Diseases of Circulatory System								
17.	Vascular Lesions of Nervous System	..	..		13	12	25	
18.	Coronary Disease or Angina	..	..		12	6	18	
19.	Hypertension with Heart Disease	..	..		0	2	2	
20.	Other Heart Diseases	..	..	..	6	10	16	
21.	Other Circulatory Diseases	..	..		2	3	5	
Total Group D					33	33	66	5.9
					<u> </u>	<u> </u>	<u> </u>	<u> </u>

**Group E—Respiratory Disease
(other than Tuberculosis)**

					<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000</i>
22.	Influenza	..	..	..	3	5	8	
23.	Pneumonia	..	..	..	4	0	4	
24.	Bronchitis	..	..	..	3	2	5	
25.	Other Diseases of Respiratory System	..			0	0	0	
	Total Group E	..	..		10	7	17	1.5

Group F—(Miscellaneous)

26.	Ulcer of Stomach and Duodenum	..	..		0	0	0	
27.	Gastritis, Enteritis and Diarrhoea	..			1	2	3	
28.	Nephritis and Nephrosis	..	..		3	2	5	
29.	Hyperplasia of prostate	..	..		0	0	0	
30.	Pregnancy, Childbirth, Abortion	..	..		0	0	0	
31.	Congenital Malformation	..	..		1	2	3	
32.	Other Defined and Ill-Defined Diseases	..			3	3	6	
	Total Group F	..	..		8	9	17	1.5

Group G—Accidents and Violence

33.	Motor Vehicle Accidents	..	..	..	4	0	4	
34.	All other Accidents	..	..	..	1	1	2	
35.	Suicide	..	..	..	0	1	1	
36.	Homicide and operations of war	0	0	0	
	Total Group G		5	2	7	6.3

37.	ALL CASES	62	60	122	10.9
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Comment on Table V

Diseases of the Heart and Circulatory System (rate 5.9 per 1,000) has fallen back practically to the 1954 level but with the lowering of the general death rate, largely due to the drop in circulatory heart deaths, these still amount to more than half the total number of deaths.

Cancer and related malignant conditions accounted for one seventh of the death rate. Cancer of the lungs or bronchi is still the greatest single type of Cancer, and was three times commoner in males than females. This is of interest in view of the now known association between heavy smoking and lung Cancer. From the communicable diseases classed in Group A there was no death, excepting 1 certified death from Tuberculosis. There were 7 deaths from accidents and violence, 5 male. The low death rate from Tuberculosis (all forms) is comforting (even though people suffering and perhaps disabled, from the disease, can be kept alive much longer than formerly, and also have more chance of cure), especially as only one new case of lung tuberculosis, and none of other forms, were notified during the year.

COMMUNICABLE DISEASES

A. Prevention of Communicable Diseases

The measure of the extent to which people are immunised against communicable diseases in a district is becoming one of the "pointers" towards the health of the community. "Artificial" immunisation against certain diseases amenable to prevention or attenuation by this method is now available for a number of communicable diseases. The longest established, and so far, most proven successful and lasting, artificial immunisations are those against smallpox and diphtheria. For Wiltshire, the Wiltshire County Council, as Local Health Authority under the National Health Service, operates in this district a scheme, mainly for babies, pre-school and school children, but available also for other ages. Smallpox immunisations are done by the "Family Doctors" under the National Health Service, for the County Council, and Diphtheria immunisation either by the "Family Doctors" or by the County Council's Medical Officers at Welfare Clinics or at specially held immunisation clinics, usually arranged at schools. Whooping cough protection became available through the County Council clinics for use during 1956. Poliomyelitis immunisation, using parenteral inoculation was also begun during the year, all these inoculations being done by County Council Medical Staff, including myself. In this area, all the immunisations are carried out by Doctors, the practice of employing public health nurses (health visitors or especially experienced nurses) in this work not yet having been adopted.

I am indebted to Dr. C. D. L. Lycett, County Medical Officer of Health for Wiltshire, for the following figures concerning artificial immunisation work carried out during the year, against diphtheria and against smallpox, in the district. Statistics for Poliomyelitis immunisations are not yet available.

TABLE VI—IMMUNISATION STATISTICS

(A) DIPHTHERIA and or/WHOOPING COUGH

Age Group			Under 1	1	2	3	4	5—9	10—14	Total Under 15
Primary immunisations completed during 1956	Dip.	170	18	10			8	1	207	
	Wh/c.	143	25	6			3	—	177	
Reinforcement immunisations administered during 1956	Dip.	—	—	1			117	27	145	
	Wh/c.	—	—	1			14	—	15	
Total immunised child population at 31st Dec. 1956	Pre. 1.1.52.	197						443	640	
	Post 1.1.52.	52	132	97	134	125	687	321	1548	
									2188	

(B) SMALLPOX

AGE GROUP		Under 1	1	2—4	5—14	15 or over
Primary Immunisations	..	119	7	2	0	3
Re-inforcement Immunisations		0	0	0	3	23

Comment

The precise number of children under 15 years old in the district is not known (except at census times) but in a population of average age-distribution and average birth and death rates, we must expect population, of age birth to 14 full years (under fifteen) of about one fifth or 20% of the total "all age" population. Mere & Tisbury R.D. has a slightly higher birth rate and usually lower death rate than the national average, so one can safely assume that at least one fifth of the total estimated population of 11,230 are children under 15. On the basis of this estimate there would be at least 2,250 children under 15 in the district, and the total of 2,188 children under 15 immunised against diphtheria at some time is therefore excellent. A proportion of these are also immunised against whooping cough. A much higher proportion of children are immunised against diphtheria during their first year of life, than in previous years, 170 children as compared with 66 last year. This is certainly due to the advent of whooping cough combined with diphtheria immunisation, because to get the best results from the whooping cough immunisation this should be begun when the baby is about three months old. But still more "health education" for earlier immunisation against diphtheria and whooping cough is indicated, and the family doctors, health visitors, midwives, home nurses and the staff of the Maternity and Child Health Clinics can all play their part in encouraging this. Some of the family doctors in this District are combining tetanus immunisations with the whooping cough and diphtheria. This is desirable, particularly in an agricultural, pastoral environment, but it is not yet available at the County Council clinics.

Table VI shows up a poor position in regard to smallpox immunisation (so-called "Vaccination") for though 119 children under age 1 were immunised the total "Vaccinations" and re-"Vaccinations", added together for all other ages, only amounted to 38. In these times, when the speed of air travel allows people infected with smallpox abroad to keep well on the journey but develop the disease after arrival in this country, instead of on a ship, the low level of protection against smallpox in this District is disturbing. It could be less so if the same requirements in regard to immunisation against smallpox, before making the journey, as apply to entry into most countries, were put into force for entry into Great Britain.

B. Incidence of Communicable Diseases

The communicable diseases for which statistics are available comprise those diseases which are compulsorily "notifiable", under the Public Health Act 1936, or the various Regulations which are operative. A proportion of these notifiable diseases does not get notified because although legally the head of the family is responsible for notifying the Medical Officer of Health, in practice notification is rarely made unless a doctor attends, and he then makes the notification.

The communicable diseases notified during the year are set out in Table VII.

The year was remarkable for an extremely low incidence of all kinds of notifiable disease, even measles and whooping cough amounted to only 5 or 6 cases notified during the year, with no cases of notifiable "food poisoning".

As there was only 1 newly notified case of Tuberculosis (respiratory) during the year, the notification rate of less than 0.1 per 1,000 is very low.

TABLE VII—NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

1. Tuberculosis	<i>Sub</i>	<i>Total</i> (<i>main disease</i>)	<i>Group</i> <i>Total</i>
(a) Respiratory	1		
(b) Meninges and Nervous system	0		
(c) Other Forms	0		
(d) Group Total			1
2. Other Respiratory Notifiable Diseases			
(a) Whooping Cough		6	
(b) Pneumonia Acute		4	
(c) Group Total			10

					<i>Sub</i>	<i>Main Disease</i>	<i>Group Total</i>
3. Diphtheria	..	..	..	..		0	0
4. Meningococcal Infection	..	..	..	..		0	0
5. Virus Diseases of Nervous System							
(a) Poliomyelitis—Paralytic	..	..	..	..	0		
(b) Poliomyelitis—Non-Paralytic	..	..	..	..	0		
(c) „ —Total	..	..	..	..		0	
(d) Encephalitis—Infective	..	..	..	..	0		
(e) Encephalitis—Post Infectious	..	..	..	..	0		
(f) „ —Total	..	..	..	..		0	
(g) Group Total	..	..	..	..			0
6. Other Notifiable Virus Diseases							
(a) Measles (excluding Rubella)	..	..	..	..		5	
(b) Smallpox	..	..	..	..		0	
(c) Group Total	..	..	..	..			5
7. Alimentary Infection or Poisons							
(a) Dysentery—Bacterial	..	..	..	..	0		
(b) Dysentery—Other	..	..	..	..	0		
(c) „ —Total	..	..	..	..		0	
(d) Typhoid Fever	..	..	..	..		0	
(e) Paratyphoid Fever	..	..	..	..		0	
(f) Food Poisoning	..	..	..	..		0	
(g) Group Total	..	..	..	..			0
8. Streptococcal Group							
(a) Scarlet Fever	..	..	..	..		2	
(b) Erysipelas	..	..	..	..		4	
(c) Group Total	..	..	..	..			6
9. Miscellaneous Groups							
(a) Puerperal Pyrexia	..	..	..	..		0	
(b) Ophthalmia Neonatorum	..	..	..	..		0	
(c) Other Notifiable Diseases	..	..	..	..		0	
(d) Group Total	..	..	..	..			0
10. All “Notifiable Diseases” Total	..	..	..	..			22

Footnote. It is important to note that certain common communicable diseases such as influenza, rubella and mumps are not generally “Notifiable” and therefore cannot be included in this table, in which are recorded only those cases of diseases which are notifiable and are actually notified. Also, not all cases of notifiable diseases can be included, for many minor cases may never have a doctor called to them and therefore do not get notified to the Medical Officer of Health. It is likely that a number of mild cases of whooping cough, for example, may occur but not be notified.

TABLE VII (a)—FOOD POISONING

TABLE VII (a) FOOD POISONING

1. Notifications	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year
	0	0	0	0	0
2. "Outbreaks" due to identified Causes					
Total outbreaks — 0.	Total Cases in "outbreaks" — 0.				
Outbreaks due to			No. of outbreaks	No. of Cases	
(a) Chemical Poisons ..			0	0	
(b) Staphylococci (including toxin) ..			0	0	
(c) Salmonella Organisms ..			0	0	
(d) Clostridium Botulinum ..			0	0	
(e) Other Bacteria ..			0	0	
3. "Outbreaks" due to undiscovered causes					
Total outbreaks — 0.	Total Cases — 0.				
4. Isolated (Single) Cases, not grouped in "outbreaks"					
Agent identified — 0	Unknown cause — 0		Total — 0		

Comment

This Table is a return required by the Ministry of Health, so is included in this Report in spite of it being, very happily, a "nil" return. Perhaps it is too much to hope that the effect of the Food Hygiene Regulations, 1955, is already beginning to show itself. Indeed there were only 2 known, notified, cases of "Food Poisoning" during 1955.

PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital services of the National Health Service the other personal Health Services for the Rural District are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, the Child Health Clinics and the School Health Service, with its specialised appendages such as Speech Therapy and Guidance Clinics. The County Council are also responsible for the Mental Health Service (outside hospitals) and the "Care and after-Care" service, which is largely concerned with tuberculous people, their families and other contacts, with "chronic sick" and aged people, outside hospitals.

Since 1954, your Medical Officer of Health, who has been associated with these services, now spends nearly half his time working for the County Council, principally with the School Health Services, at Baby Clinics and at Immunisation Clinics, also undertaking a considerable amount of mental health work. For further information in regard to these services reference should be made to the Annual Reports of the Principal School Medical Officer and of the County Medical Officer of Health for Wiltshire.

Handicapped Children

The School Health care, and special educational needs, of handicapped children also comes under the School Health Services.

School Premises

The hygiene of School Premises, as most other buildings, concerns the Local Public Health Authority as well as the Education Authority, and school premises are inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer. A number of recommendations for improvements in school premises, fittings and sanitary arrangements, for improving hygienic conditions, were made during the year, special attention being paid to the dish and utensil washing facilities in the services for school meals. The coming into operation at the end of the year of the Food Hygiene Regulations 1955 is requiring considerable improvement in these meal facilities, and set standards of conduct for personnel. New schools on larger sites are urgently needed to replace the old secondary modern schools at Mere and at Tisbury.

Handicapped Adults

The care of handicapped adults, including the blind and deaf, and of old people comes under the County Council services. But the Local Authority has certain powers in regard to old people, under Section 47 of the National Assistance Act, 1948, and the Local Authority has also delegated some of its power, as permitted by the National Assistance (Amendment) Act 1951, to the Medical Officer of Health, to act on his own authority in emergency, for a period of up to one month's detention.

The Medical Officer of Health saw a number of old people, to a greater or less extent needing "care and attention" with a view to action under the Act. In each case however, removal to an institution was either unnecessary, or if necessary, was arranged for voluntarily, either by the person applying to the County Council Welfare Department, or the family doctor making arrangements for admission to hospital. It was necessary to use the emergency power for one case during the year, a retired Army Officer living alone in squalor, who injured himself in a fall, and needed hospital treatment, but refused to leave home voluntarily.

ENVIRONMENTAL PUBLIC HEALTH AND FOOD

This is still probably the most important of the various factors which influence public health.

Human health is still greatly influenced by the environment, and the extent to which man can adapt this to suit his needs. Health is also largely dependent upon the quantity and quality of food supplies. Fundamental to good health are such influences as housing, water supply, safe (and preferably, not wasteful) disposal of body wastes (drainage, sewerage, etc.) refuse collection & disposal, control of flies, mosquitoes and other insects, mice, rats and other pests and vermin, quantity, quality and freedom from adulteration or infection of food supplies, including especially milk, and such universal and basic foods as bread and meat. Food hygiene concerns not only the home, but also places where food or drink are prepared and/or consumed including school and other canteens, and public restaurants, hotels and public houses.

These matters are reported upon in detail in the Report of your Chief Public Health Inspector, Major T. A. Brown, which is incorporated in this Annual Report. Brief comments on the following matters are however made in this section of the report.

1. Housing

As stated in previous reports, within the limits of climate, geography and type of locality, (*e.g.* agricultural as opposed to industrial or metropolitan areas) probably no other single environmental influence is as important to mental and physical health as good housing. Bad housing, or lack of housing accommodation, overcrowding, living with "in-laws", adjacent to noisy neighbours, (radios, late nights etc.) over and over again seem to be at the back of people's worries, domestic or occupational, much of which could be alleviated with corresponding improvement to mind and body, if their housing problems could be solved for more people. The extent of the housing problem cannot be measured by the size of the Local Authority's waiting list of applicants for Council Houses or apartments ("flats"), though these are big enough. Many people are living in unsuitable accommodation who have not applied for Council Housing, but at the end of the year there were still 192 actual applications for Council housing on the waiting list.

In this country, overcrowded as it is, in relation to the population that can be sustained on native food production, the conservation of every acre of agricultural or potentially agricultural land is now a fundamental and vital necessity. It appears to be inevitable that despite certain disadvantages of multiple-storey "flat" dwellings, future building must conform more to the idea of the skyscraper. Gardens have great health and recreational value, and to many people they provide necessary relaxation. They can also be a means of most intensive food production, providing vegetables and fruits absolutely fresh, which, in this condition, are seldom otherwise available. But there are people who do not appreciate gardens, or at least do not wish to be burdened with the care they require. If they cultivate them, they do so only to a minimal extent to evade the censure of neighbours or the landlord. For these people, and for the very old or physically infirm, flats in skyscrapers are the ideal solution. The buildings must of course be sufficiently tall to justify the cost of installing power elevators, so that the old, babies, prams and goods may have unimpeded, safe and quick access to and from their homes. They should also enable all, or most, of the lowest storey, preferably at basement level, to be used for storing the cars which in the future will be considered a necessary amenity for all.

Buildings of the type envisaged are, of course, commonplace in large towns, and in many small towns, in the Commonwealth, and other countries. In this country, with its dense population, they should be a feature of the rural areas also. Such buildings can be beautiful, enhancing the loveliness of the countryside in the same way as the old folly towers did, though those served little useful purpose. If well designed they can be better to look at than a motley collection of small houses, nearly all on the same level, and they reach up to the sun, fresh air, and to a view.

The housing shortage in this Rural District is a little less than it was at the end of 1955, for there were at the end of the year 3,672 inhabited houses, an increase of 261 over the 3,411 at the end of 1955. This increase is largely due to the inclusion of some buildings (business premises) not previously counted, for there were actually only 15 new houses (6 public, 9 private) completed during the year. But with every increase of one or two storeyed housing development there is a corresponding encroachment upon Great Britain's relatively small proportion of agricultural land. It is to be hoped that this matter will be regarded in a national, if not an international, light. It does not appear to be very serious yet in the Mere and Tisbury Rural District in its good fortune, but in so far as this Rural District can help to deal with the national problem it is earnestly hoped that the Council will seriously consider a policy of building upwards. The nuclear portion of the neighbouring Salisbury & Wilton Rural District is already becoming a suburban dormitory area for the towns of Wilton and Salisbury. The process is even now beginning to penetrate to the Mere & Tisbury Rural District.

2. Water Supplies

Out of the 3,672 inhabited houses, 2009 had, at the end of the year, a piped supply to the house itself, another 53 having a supply to a "standpipe" nearby only. It seems unlikely that this position will change much until the Council's "Regional" Water Supply Scheme to cover the District is implemented. So far, only thirteen of the twenty six parishes have water supplied by the Rural District Council.

In his report, Major Brown outlines the progress of the Regional Water Supply Scheme, under which all twenty-six parishes will be served. Part 3 of the scheme was being implemented in 1956 and should be complete by April, 1957. Part 4 has been begun, and Part 5 is still pending.

As regards quality, the results of sampling and analyses of the public supplies were good. Of the private supplies or sources sampled nearly half were unsatisfactory for drinking without boiling or other treatment.

Chemical analysis of the water from the main source of the Regional Supply at Barton Fields, Mere, while otherwise good, showed that the Fluoride Content of the water was low—varying from 0.1 to 0.6 parts per million, averaging 0.3 parts per million, which is only one-third of the desirable 1 part per million for promoting the growth of strong, decay-resisting teeth in the formative phases. One must feel some anxiety over the substitution of this supply, under the Regional Scheme, for the supplies of East Knoyle and Berwick St. John, where the fluoride content is up to optimum level and where the children's teeth, as found by the County Dental Surgeon for the district, Mr. J. S. MacLachlan, also as noted by myself at school medical examinations—are exceptionally well built, strong, and relatively free from decay. This is in contrast to conditions in most of the Rural District, also in the adjoining district for which I am Medical Officer of Health, where most of the supplies are to some extent deficient in fluoride. A solution to this problem will be to add a fluoride-containing mineral to the Regional Supply at its source, to bring its tooth-building qualities up to the standard of the East Knoyle (Public) and the Berwick St. John water supplies.

The full results of fluoride analyses of the various parish water supplies are recorded in the Section on Water Supply in the report of the Chief Public Health Inspector. All the analyses were done by the Public Health Laboratory Service at the Laboratory attached to the Salisbury General Infirmary.

3. Drainage and Sewerage

Among the five sewerage systems maintained by the Council, those at Hindon and Zeals were working well, those at Mere, Tisbury and East Knoyle were inadequate and unsatisfactory. Reconstruction of both Mere and East Knoyle plants is urgently necessary. The scheme for new sewerage works at Tisbury was well in hand by the end of the year.

There is a "private" sewerage scheme at Maiden Bradley (for which negotiation for taking over by the Council, and improvement, are still in progress), and small schemes serving a few houses at Berwick St. John and at the United Dairies Depot at Semley.

When the housing survey of 1951 was completed there were still 1,254 houses out of the 2,643 houses surveyed rated at under £12 per annum, which had only the unhygienic and inconvenient pail closet. These pail closets are usually outside the house, and used without any disinfecting, deodorising and fly-repelling chemical. The use of a suitable chemical, even in the primitive pail closet, can greatly improve its safety and odour, also reduce the fly nuisance, though, of course, it cannot compare with the convenience of an inside water closet placed in a bathroom, or, if in a separate compartment, with a washbasin in the same compartment. A good "chemical" can also greatly reduce the risk of pollution of wells, etc., when disposing of the contents of the pail closets, and some kinds of "chemical" can be used for garden disposal without significantly interfering with manurial value.

Drainage into Streams

Several cases of pollution by house drainage (mainly sullage water) of small village streams are causing trouble, particularly when weather is hot and dry, and there is little or no natural flow in the water course for flushing.

4. Refuse Collection and Disposal

Improvements are still indicated in the present arrangements, especially for disposal places, and for increasing the collection from the present monthly frequency in most parts of the District. Fortnightly collection is so far available only in Mere and in Tisbury. During the year some of the small dumping places hitherto used either became filled up, or were discontinued because of the landowners wish. This has left only two small dumping sites, both practically saturated already. A new site is urgently needed, but an admirable place close to Mere which the Council wished to use could not be obtained. At the end of the year new dumping grounds were still being searched for. This is a national problem, which is coming to a head, and sooner or later, as less and less land suitable for dumping and unsuitable for agriculture or housing becomes available, disposal by means of destruction and/or compression will eventually have to be considered.

5. Food Hygiene

The coming into operation at the beginning of the year of the Food Hygiene Regulations 1955 made under the Food and Drugs Act 1955, marks a big step forward, and should greatly assist the Staff in their efforts to improve the standard of food preparation and service outside people's own homes, in hotels and public houses, schools, cafes and restaurants, shops, etc. In the report of the Chief Public Health Inspector, Major Brown comments further upon the application of these regulations in this Rural District, and it will be seen that during the year this work required 92 special inspections by the two Public Health Inspectors.

Milk: Milk supplies have been generally quite satisfactory during the year. Sampling of milks for analyses by three methods was confirmed during the year. The methods were :—

- (1) “ Methylene Blue Test ”, for general cleanliness and keeping quality, for which there were four failures out of 33 samples analysed.
- (2) “ Phosphatase Test ”, for adequacy of heat treatment of “ pasteurised ” milk, for which there were no failures among 15 samples analysed.
- (3) “ Biological Test ”, which consists of inoculation of a guinea pig, and its subsequent examination after a five or six weeks interval for signs of either tuberculosis or brucellosis. Out of a total of 43 samples taken for biological test, all were negative for tuberculosis and all but five for brucellosis. The five positive brucellosis milk samples were all from one herd, involving repeated sampling while veterinary surgeons tested the animals, and milk for consumption raw was voluntarily stopped.

All the analyses on these milks were carried out at the Public Health laboratory attached to the Salisbury General Infirmary Pathological Department.

In regard to other foods, and pursuit of the “ clean food campaign ”, comments will be formed in the report of the Chief Public Health Inspector.

6. Clean Air

The first provision of the Clean Air Act 1936, came into force on the last day of the year. The act contains valuable provisions to enable Local (Air) Authorities to improve the quality of the air within their districts. Fortunately, the Mere and Tisbury Rural District has virtually no problem concerning its air; but the provisions of the Act, and any bye-laws made by the Council under the Act, will enable the Council to prevent future pollution.

F. J. G. LISHMAN,
May, 1957.

**MERE AND TISBURY RURAL DISTRICT COUNCIL
ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR**

Showing Sanitary Circumstances of the Area for the Year Ending 31st December, 1956.

STAFF

T. A. BROWN, M.A.P.H.I., Chief Public Health Inspector

H. SHARRATT, M.A.P.H.I., Additional Public Health Inspector

Miss M. A. RYAN, Shorthand Typist/Clerk (two-thirds time)
(one-third time for Waterworks Undertaking).

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report of the work carried out by the Public Health Department of the Council for the year 1956.

T. A. BROWN,
Chief Public Health Inspector.

SOCIAL CONDITIONS AND CHIEF OCCUPATION OF THE INHABITANTS

The area is mainly rural, agriculture being the chief occupation and, as a result of outdoor life, a good standard of health prevails.

Diseases attributable to bad social conditions are not common in the District.

There is little or no overcrowding and as a general rule the houses are well separated in the rural areas.

There are no large-scale factories in the District.

Area : 71,319 acres
Population : 11,450 (1951 census)
No. of inhabited houses : 3,672
Rateable Value : £93,973
Penny Rate Yields : ~~£216 ÷ 6 ÷ 0~~ 399

SANITARY INSPECTIONS OF THE AREA

Public Health Act, 1936 and General Sanitation

Number of Inspections	re	Water Supply ..	..	..	..	..	52
"	"	"	re	Drainage and/or Sanitary Accommodation	..	..	210
"	"	"	re	Moveable Dwellings (Section 269)	..	..	37
"	"	"	re	Infectious Diseases ..	..	..	18
"	"	"	under	Factories Act ..	..	..	40
"	"	"	re	Verminous or filthy premises	..	..	35
"	"	"	re	Miscellaneous Complaints	..	..	125
"	"	"	to take	Water Samples ..	..	..	16
"	"	"	re	Aged and Infirm Persons	..	..	12

Housing

Number of Inspections and Visits under Housing Act 1936	..	..	..	186
„ „ „ „ „ under Housing Acts 1949/1952	..	..	..	572

Housing Acts, 1936-1954

Progress continues with repairs to existing houses.

This class of work is one of the most difficult operations your Public Health Inspectors have to supervise.

Under Section 9 of the Housing Act, 1936 effective action has been difficult because of the condition that the houses must be capable of being rendered fit for human habitation at a reasonable expense.

The cost of repairs has risen so steeply that enforcing of a proper standard of fitness has been prohibitive for a substantial number of the older houses. Owners are finding it more difficult to carry out repairs and, in consequence, they are inclined to resist Local Authority persuasion to a greater degree than they did in pre-war days although the scope and standard of work, which they are now asked to carry out, are lower than in the pre-war period.

It is doubtful whether the new Rent Act will have any marked effect in rural areas.

There is a large number of houses which could be provided with modern amenities such as electricity, baths, W.C.'s, water heating, etc. The one great factor in assisting to provide these amenities has been the Council's policy of sanctioning Improvement Grants, which is a matter for congratulation. Indeed, it would appear to me that, without these Grants, little or no progress could have been made with regard to the improvement and repair of existing cottages.

A national campaign to cut down building costs would be one of the most effective ways of remedying the existing situation.

HOUSING STATISTICS FOR 1956

HOUSING ACT, 1936 — HOUSING ACT, 1949 — HOUSING REPAIRS AND RENTS ACT, 1954

Total number of permanent dwellings in the local authority's area	..	..	..	3672
Total number of permanent dwellings owned by local authority included in above	..	..	..	507

Part 1. The total problem:

(i) Estimated number of houses unfit for human habitation within the meaning of Section 9 of the Housing Repairs and Rents Act, 1954, and suitable for action under Section 11 or section 25 of the Housing Act, 1936	..	..	..	..	..	..	77
(ii) Period in years which the Council think necessary for securing the demolition of all the houses in (i)	..	..	..	..	..	..	5

Part 2. Orders already made, etc.:

(iii) Number of houses in (i) clearance areas and already covered by operative clearance or compulsory purchase orders or owned by the local authority.	..	..	..	..	..	..	—
(iv) Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders have been submitted to the Minister but have not yet become operative	..	..	..	..	..	..	—

Part 3. Action in the first five years :

(v) Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders are to be made or which are to be purchased by agreement within the five years	..	..	..	..	..	..	—
(vi) Number of houses which are to be included in clearance areas still to be declared and which within the five years will be owned by the local authority or will have been included in a clearance order or a compulsory purchase order submitted to the Minister	..	..	..	..	..	..	—
(vii) Number of houses under (iii), (iv), (v) and (vi) to be patched (if necessary) and retained within the five years under section two of the Housing Repairs and Rents Act, 1954, for temporary accommodation	..	..	..	..	..	..	—
(viii) Number of houses under (iii), (iv), (v) and (vi) to be demolished in the five years	..	..	..	..	..	..	—
(ix) Number of houses (including those already comprised in operative demolition orders) to be demolished in the five years as a result of action under Section 2 of the Housing Act, 1936	..	..	..	..	..	..	77

		<i>Houses erected during year</i>	<i>Houses in course of erection</i>	<i>Gained from conversion of large houses or buildings into flats or dwellings</i>	<i>Lost from conversion of two or more houses to one</i>
Local Authority ..		6	21	—	—
Private Enterprise ..		9	5	2	3
TOTALS		15	26	2	3

Number of Post-War Houses erected from 1st April, 1945, to 31st December, 1956.

	<i>By Local Authority</i>	<i>By Private Enterprise</i>
	350	154
No. of temporary housing units occupied, viz. Huts, etc.,		NIL

Houses required

1. To abate overcrowding	NIL
2. To overcome unsatisfactory conditions, e.g., two families living in same house but not included in 1.	47
Total number of applications for Council houses at the end of the year	192

Improvement Grants made under the Housing Act, 1949-54

108 applications were received and of these 105 were approved for Grants totalling £29,772.

This is a slight increase on the previous year and apart from preserving cottages of character, the uplift effect of the improved property in the villages is noticeable.

No. of applications and houses dealt with by Local Authority:—

		(1)		(2)		(3)		(4) <i>Under consideration</i>		(5)	
		<i>Received</i>		<i>Approved</i>		<i>Rejected</i>				<i>Withdrawn</i>	
		<i>Apps.</i>	<i>No. of houses</i>	<i>Apps.</i>	<i>No. of houses</i>	<i>Apps.</i>	<i>No. of houses</i>	<i>Apps.</i>	<i>No. of houses</i>	<i>Apps.</i>	<i>No. of houses</i>
31.7.49 to 31.12.55	..	119	154	108	142	4	4	7	8	7	7
31.12.55 to 31.12.56	..	108	108	105	105	3	3	2	2	2	2
TOTALS	.. ..	227	262	213	247	7	7	9	10	9	9

Number of houses improved as result of grants

	<i>No. of grants made by Local Authority</i>	<i>Cost of grants made</i>	<i>No. of houses improved including new houses brought into use by conversion</i>
31.7.49 to 31.12.55 ..	101	£41,035	135
31.12.55 to 31.12.56	105	£29,772	105
TOTALS	206	£70,807	240

1. Inspections of Dwellings during the year 1956					
(i)	Inspected for housing defects under Public Health Acts	..	..	..	54
(ii)	Inspected for housing defects under Housing Acts	..	..	..	61
(iii)	Number of dwellings found so dangerous or injurious to health as to be unfit for habitation	..	..	..	7
(iv)	Number of dwellings found not to be in all respects reasonably fit for habitation	..	..	..	32
2. Remedy of defects by Informal Action					
	Number of dwellings rendered fit in consequence of Informal Action	..	..	..	62
3. Action under Statutory Powers (Public Health & Housing Acts)					
(A) Proceedings under Section 9, 10 and 16 of Housing Act 1936					
(i)	Number of dwellings in respect of which notices were served requiring defects to be remedied	..	..	..	Nil
(ii)	Number of dwellings rendered fit after service of formal notices :—				
(a)	By Owners	..	..	..	Nil
(b)	By Local Authority in default of owners	..	..	..	Nil
(B) Proceedings under Public Health Acts					
(i)	Number of dwellings in respect of which formal notices were served	..	..	..	Nil
(ii)	Number of dwellings rendered fit after service of formal notices :—				
(a)	By Owners	..	..	..	Nil
(b)	By Local Authority in default of owners	..	..	..	Nil
(C) Proceedings under Section 11 and 13 of the Housing Act, 1936					
(i)	Number of Demolition Orders made	..	..	..	8
(ii)	Number of Houses demolished as result of Demolition Orders	..	..	..	5
(iii)	Number of undertakings accepted	..	..	..	8
(iv)	Number of undertakings completed	..	..	..	1
(D) Proceedings under Section 25 and 26 of the Housing Act, 1936					
(i)	Number of houses under which Demolition Orders were made	..	..	..	Nil
(ii)	Number of houses demolished in pursuance of Demolition Orders	..	..	..	Nil
(E) Closing Orders—Proceedings under Section 12 of the Housing Act 1936 and Section 10, Local Government (Miscellaneous Provisions) Act, 1953					
(i)	Number of separate tenements or underground rooms in respect of which closing orders were made	..	..	..	Nil
(ii)	Number of separate tenements or underground rooms in respect of which closing orders were cancelled as a result of premises having been made fit	..	..	..	Nil
4. Housing Act, 1936. Part iv. Overcrowding					
(i)	Number of cases of overcrowded dwellings at end of year	..	..	..	2
(ii)	Number of cases discovered during year	..	..	..	2
(iii)	Number of cases abated during year	..	..	..	2
5. Local Government (Miscellaneous Provision) Act, 1953					
	Closing orders made under Section 10(1)	..	..	..	7

Rent Act, 1957

Controlled rents have led to the decay of houses. Increases in rents are inevitable and justified. Before the Bill becomes Law, some modifications are expected. The intention is to abolish controlled rents from the end of 1957.

Houses with a Rateable Value exceeding £30 will not be protected, under the Rents Act. Tenants will have to quit houses within six months or accept whatever rent the owner wishes to impose.

The present procedure for the issue of Certificates of Disrepair, giving the Local Authority power to see that repairs are done, will be scrapped. The tenant will prescribe what repairs are needed and the Council will be limited to his original specification when it is decided whether a Certificate of Disrepair should be issued or revoked. It is doubtful whether any tenants are capable of specifying all the repairs their house needs.

The new Bill will be more widespread in its effects than any of the previous Rents Acts and the general effects of the Bill may be summarised as follows :—

1. To decontrol certain Categories of Dwellinghouses.
2. The exemption of new tenants from control.
3. To enable further Categories of Dwellinghouses to be controlled from time to time.
4. To fix new Rent limits for Dwellinghouses which remain subject to control.

The old terms, “ Standard Rent ”, “ Permitted Increases ”, “ Old and New Control ” will disappear.

NUISANCES

Public Health Acts

Complaints investigated	..	..	..	..	..	..	..	77
Number of Informal Notices served during the year	..	..	..	..	..	..	..	14
Number of Informal Notices complied with	..	..	..	..	..	..	..	13

RODENT CONTROL

Rats and Mice (Prevention of damage by Pests Act, 1949)

In addition to complaints, the Part-Time Rodent Officer has carried out informal surveys.

Warfarin has been used with considerable success.

Number of Properties inspected by the Local Authority during 1956 :—

			<i>Local Authority</i>	<i>Domestic</i>	<i>General Business</i>	<i>Farm</i>
No. of Properties Surveyed	..	..	9	26	8	25
Treatments Carried Out	..	..	36	78	25	Nil

WATER SUPPLY

Parts 3 of the Comprehensive Scheme should be completed by end of April, 1957.

Part 4 is now in hand.

Part 5 at the moment is pending.

The new Pumping Station situated at Burton Field, Mere, was formally opened in July by the Parliamentary Secretary to the Ministry of Housing and Local Government.

The new Station will ultimately supply a million gallons daily to the 26 Parishes over an area of 150 square miles. It is served by the two Boreholes 217 ft. and 125 ft. deep. Two Borehole Pumps and three sets of service pumps, in duplicate, supply a 30,000 gallon Reservoir and three Reservoirs, at different levels, in the adjoining downland.

The pumping sets are automatically controlled by the rise and fall of the water level in the surface Reservoir and a low water cut-out combined with level indicator operates and shuts down all plant in the event of the water in the Reservoir falling below a pre-determined danger level.

Principal feature of the Pumping Station is the room accommodating the pump motors, starters and other electrical equipment.

As the water passes to the surface Reservoir it is treated by a Chlorinator housed in an adjacent room.

A further scheme to augment the Comprehensive Water Supply is contemplated by the taking over of the Maiden Bradley Private Supply at present owned by the Duke of Somerset.

The following data dealing with Bacteriological samples is submitted in accordance with Circular 13/47 Ministry of Health.

Most of the piped water in the district is of excellent quality. The quality of the water from the numerous shallow wells varies considerably.

The water supplied by the Council is alkaline and has no plumbo-solvent properties.

Chlorination is carried out to all public services except at Teffont, East Knoyle and Berwick St. John. These supplies are chlorinated when occasion demands.

Number of houses supplied from Public sources in villages :—

<i>PARISH</i>	<i>DIRECT</i>		<i>BY STANDPIPE</i>	
	<i>No. of Houses</i>	<i>Population (approx.)</i>	<i>No. of Houses</i>	<i>Population</i>
Mere	614	2100	—	—
Zeals	111	320	—	—
West Knoyle	36	117	—	—
Sedgehill	23	120	—	—
Hindon	130	430	8	22
Chilmark	86	260	5	12
Tisbury	433	1482	—	—
Teffont	49	143	40	90
Swallowcliffe	21	80	—	—
Donheads	313	857	—	—
Sutton Mandeville	8	21	—	—
Berwick St. John	90	270	—	—
East Knoyle	95	285	—	—
	<hr/>	<hr/>	<hr/>	<hr/>
	2009	6485	53	124
	<hr/>	<hr/>	<hr/>	<hr/>

WATER SUPPLY

ANALYSES OF WATER SUPPLIES (BACTERIOLOGICAL)

(a) Public Supplies

<i>Parish</i>	<i>No. of samples taken</i>	<i>No. satisfactory</i>	<i>No. unsatisfactory</i>
Mere	4	4	—
Tisbury	7	6	1
Donhead	3	3	—
Berwick St. John	7	6	1
East Knoyle	4	3	—
Teffont	6	4	2

The unsatisfactory samples indicated a slight degree of pollution with faecal coliform organisms. Necessary action has been taken to eliminate the source of pollution.

WATER SAMPLES—FLUORIDE CONTENT

IDENTIFICATION	FLUORIDE CONTENT
Mere (Chlorinated)	0.6 p.p.m.
Mere ..	Less than 0.1 pts/million
Mere ..	0.1 p.p.m.
Tisbury ..	0.4 p.p.m.
Tisbury ..	Less than 0.1 pts/million
Tisbury ..	0.2 p.p.m.
East Knoyle (Public Supply only) (Unchlorinated)	1.0 p.p.m.
East Knoyle	0.8 pts/million
East Knoyle	0.7 p.p.m.
Berwick St. John (Unchlorinated)	1.2 p.p.m.
Berwick St. John ..	0.7 pts/million
Berwick St. John ..	0.9 p.p.m.
Teffont ..	0.4 p.p.m.
Donhead St. Mary	0.8 p.p.m.

(b) Private Sources

Number of samples taken during year	16
Number satisfactory	9
Number unsatisfactory	7

These samples were mainly obtained from well supplies.

Necessary action was taken to have the wells cleaned out and chlorinated.

Source of Existing Water Supplies

There are no changes in the water supplies to the parishes of Alvediston, Sutton Mandeville and Tollard Royal.

Population with piped supplies	7733
Population with stand-pipe supplies	140

ANALYSES OF WATER SUPPLIES (CHEMICAL)

In addition to the Fluoride Analyses recorded above, two samples were taken for Chemical Analyses—Results satisfactory

SEWERAGE AND SEWAGE DISPOSAL WORKS

Mere

There has been no change in the condition of these Works.

I am of opinion that the time has arrived when the Council should proceed with reconstruction.

The Ministry's Public Inquiry on the proposed scheme was held on the 12th May, 1953.

Number of connections made to the Sewer : 6.

Tisbury

Marked progress continues to be made in connection with the new Sewerage Scheme which commenced on 16th April, 1956.

The 9" Valley sewer connecting with the new Sewage Works site and the 6" sewer from Court Street to point of junction at Cuffs Lane and Duck Street, have been completed

At the new Sewage Works site the two Rotary Filter Beds and Sedimentation Tanks are in course of completion.

It is expected that the whole Scheme will be finished well within the Contract period of two years.

Number of connections made to the Sewer : 4.

Hindon

During the year it has been found necessary to carry out repairs to the electrical pumping apparatus and the circular walls of the Rotary Filters. This work is now in the course of completion.

Number of connections made to the Sewer : 10.

Zeals

These Works continue to functioning satisfactorily.

Number of connections made to the Sewer : 4.

East Knoyle

These Works, which serve a small portion of the village, are now antiquated and reconstruction is long overdue.

Number of connections made to the Sewer : 2.

Private Schemes

Maiden Bradley.—The negotiations in connection with the proposed taking over of the Maiden Bradley Sewage Works are, at the moment, held in abeyance.

With the exception of the two small Schemes at Berwick St. John and Semley, the remaining villages use Septic Tanks and Pail Closets for conservancy arrangements.

36 Septic Tanks were installed during the year.

Provision is made for the emptying of Septic Tanks and Pail Closets to be carried out by private contract direct, by the owners.

PUBLIC CLEANSING

Household and Trade Refuse

The organised system of the collection and disposal of Refuse continues in force. Collections are bi-weekly at Mere and Tisbury and monthly in the remaining villages.

There is a growing demand for fortnightly collections in the remaining villages and this matter is to be considered by the Council early in 1957.

The vehicle used is a Dennis Refuse Collector of a capacity of ten cubic yards. This Refuse Lorry, which has been in use for over 10 years, is due for replacement some time in 1957.

The Refuse is deposited on two refuse disposal sites at Donhead St. Andrew and Semley. The latter site is now filled up and endeavours are still being made to find alternative sites which is a matter of urgency.

The provisions of Section 75 (1 to 3) of the Public Health Act, 1936, requiring the owner or occupier to provide covered dustbins for the reception of household refuse, have not yet been enforced by the Council but the problem should be considered at some future date. The provision of proper dustbins would, no doubt, speed up the collection of refuse.

Number of Loads collected	..	..	..	..	..	..	..	780
Approximate tonnage	..	..	..	..	..	..	..	1850 tons

SALVAGE

The collection of salvage waste paper is carried out at the same time as collection of refuse and the results, which are appended hereunder, show an increase on the previous year of £90. 11. 3.

The following amounts have been collected and despatched during 1956 :—

				<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>				<i>Value :</i>	<i>£</i>	<i>s.</i>	<i>d.</i>
Waste paper baled	..	..	..	5	5	0	..	..	..	..	38	1	3
				12	1	2	..	..	..	..	87	10	11
				4	14	0	..	..	..	..	34	1	6
				9	3	1	..	..	..	..	66	8	6
				4	3	0	..	..	..	..	33	14	3
				4	12	1	..	..	..	..	35	14	11
				5	17	1	..	..	..	..	43	10	1
				5	3	3	..	..	..	..	37	12	2
				51	0	0					375	13	7
Scrap Metal	..	..	..	3	13	0	..	..	..	..	18	6	3
TOTAL	..	..	..	54	13	0					£393	19	10

It will be seen from the above that Salvage is a valuable contribution to the Rates and there is no doubt, with more support from the Public, the collection could be considerably augmented.

INSPECTION AND SUPERVISION OF FOOD

Food Hygiene Regulations, 1955.

Number of Inspections made : 92.

Preliminary inspections under the above Regulations are gradually being carried out within the limited time allowed for this class of work. Steady progress continues especially with Hotels, Schools and Grocery Stores.

It has been observed, however, that the majority of the general Grocery Stores so far inspected are small shops (with living accommodation on the premises), situated throughout the various villages in the Rural area.

This type of shop deals only with wrapped food products, supplied direct from the wholesale stores. They have been established for many years and are generally owned and managed by the occupier.

On the whole it can be stated that the general standard is satisfactory and the implications of the Food Hygiene Regulations affect them to a very small extent.

Where possible, Wash hand Basins with Hot and Cold water-Notices, etc., are being installed by informal methods. In some cases it has been found impracticable to install Wash Basins with Hot and Cold water in the shop owing to the limited space. In this type of case a common-sense view has been taken and where living accommodation is convenient, usually at the rear of the shop, existing Basins with Hot and Cold water have been considered satisfactory.

It would appear that so far as the small general stores are concerned that open and exposed unwrapped food, offered for sale, is gradually declining.

No. of Food Premises by type registered in the area :—

Public Houses, Hotels	..	..	..	..	..	..	..	..	37
Grocery Stores	..	..	..	..	..	..	..	..	51
Fishmongers	..	..	..	..	..	..	..	..	3
Butchers' Shops	..	..	..	..	..	..	..	..	5
Cafés	..	..	..	..	..	..	..	..	9
Hospitals and Institutions	..	..	..	..	..	..	..	..	3
Parish Halls, Clubs, Sweet Shops, etc.	..	..	..	..	..	..	..	..	16
Schools	..	..	..	..	..	..	..	..	15
									139

No. of Food Premises registered under Section 16, Food and Drugs Act, 1955 :—

1. Preparation or Manufacture of Sausages	..	..	..	..	..	..	5
2. Sale or Preparation of Cooked Meats	..	..	..	..	..	..	15

MEAT INSPECTION

There are two Private Slaughterhouses functioning in the District.

The remaining Butchers, as in previous years, continue to obtain their supplies mainly from the Central Slaughterhouse, Salisbury, and occasionally from Wimborne.

Regular inspections have been carried out and some improvements have been made with a view to complying with the Food Hygiene Regulations.

The following were condemned and voluntarily surrendered :—

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
All Diseases except Tuberculosis—					
Whole carcasses condemned ..	nil	nil	nil	nil	nil
Carcases of which some part or organ was condemned	2	nil	nil	nil	3
Tuberculosis Only—					
Whole carcasses condemned ..	nil	nil	nil	nil	nil
Carcases of which some part or organ was condemned	nil	nil	nil	nil	nil
Total Weight :					
Meat (Home Killed) .. ..	..	..	..	..	60 lbs.

Condemned meat is disposed of by staining, burial or burning.

MILK SUPPLIES

Supplies of milk have been generally satisfactory throughout the year both in quality and quantity. The process of producing Tubercle Free herds goes on unabated.

It is stated that all milk supplied for human consumption will be free from Tubercle Bacilli by the year 1960.

Samples taken during 1956 :—

	<i>METHYLENE BLUE</i>		<i>BIOLOGICAL</i>		
	<i>Pass</i>	<i>Fail</i>	<i>Negative</i>	<i>Positive</i>	
				<i>Tub.</i>	<i>Brucella</i>
Non-Designation Raw Milk	2	0	6	—	—
Designated Raw Milk ..	31	4	37	—	5
<i>METHYLENE BLUE & PHOSPHATASE</i>					
	<i>Pass</i>	<i>Fail</i>			
Pasteurised	15	—	1	—	—

Premises Registered

Producer Retailers .. .. .	..	..	..	..	..	..	9
Dairies (not being Dairy Farms)	..	..	..	..	..	..	2
Distributors .. .. .	..	..	..	..	..	..	7

Licences Renewed

Dealers Licence to use Special Designation “ Tuberculin Tested ” ..	..	..	..	..	6
Supplementary Licence to retail “ Tuberculin Tested ” ..	..	..	..	..	3
Dealers Licence to use Special Designation “ Pasteurised ”					4
Supplementary Licence to retail “ Pasteurised ” ..	..	..	..	..	3

ICE CREAM

No Ice Cream is manufactured in the District. As in previous years supplies are obtained direct from wholesale firms and are retailed in cartons or wrappers.

This commodity is stored in refrigerators, usually rented to the Retailers by the Wholesale Firms. The condition of the premises where the Ice Cream is retailed calls for no comment.

No cases of illness from the consumption of this food were reported.

In view of the above remarks, no action has been taken under the Ice Cream (Heat Treatment, Etc.,) Regulations.

Premises registered for the Sale of Ice Cream	28
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FOOD CONDEMNED

The undermentioned foodstuffs were condemned as unfit for human consumption :—

Tinned Meat	13	tins
„ Fruit	20	„
„ Milk	7	„
„ Vegetables	12	„

SAMPLING UNDER THE FOOD AND DRUGS ACT is carried out under the direction of the Weights and Measures Department, Wiltshire County Council.

“FOOD POISONING ”

No cases of Food poisoning were reported during the year.

SLAUGHTER OF ANIMALS ACT, 1933

Number of renewals of Licences issued to Slaughtermen under the 1933 Act 11

CLEAN FOOD CAMPAIGN

No marked change has occurred with regard to furthering the cause of the above campaign.

There are, however, signs that the general public are beginning to realise the necessity of this vital factor, and the advent of the Food Hygiene Regulations 1955 will, no doubt, in the course of time, have the desired effect.

Headings	Activities
1. Lectures or Classes for food tradesmen and their employees	None With the exception of verbal advice offered by the Public Health Department
2. Exhibitions	None
3. Lectures, etc., for General Public including Local Women's organisations	Occasional lectures given under the auspices of the British Red Cross Society
4. Formation of Clean Food Guilds, etc.	None
5. Formation of Local Codes of Practice	None
6. Any other relevant activities	Lectures and Documentary Films on Clean Milk products are occasionally given and Food Posters are exhibited by the Public Health Department.

Food Hygiene should be introduced by the Minister of Education as a permanent subject in the school curriculums so that the rising generation would emerge with clear cut views on this important matter.

SMOKE ABATEMENT

Complaints were received during the year arising out of excessive smoke and grit from a factory building.

The owners were requested to abate the nuisance.

CLEAN AIR ACT, 1956

This new Act, the first provisions of which came into force on 31st December, 1956 will enable Local Authorities to take effective actions backed by law, to prevent air pollution. Under these provisions Local Authorities will have power to establish smoke-control areas.

The Act provides Grants from Rates and Taxes for private dwellings to alter or adapt existing fire-places and to encourage the use of smokeless fuel but there is no Grant for Commercial and Industrial premises.

A further provision refers to the height of chimneys, where this is necessary to prevent smoke becoming a danger to health or a nuisance.

Under Section 3 of the Act, all furnaces installed in future (except for domestic purposes) must be designed so as to be, as far as possible, smokeless. In this connection notice of intention to install any new furnace, whether in a smoke-controlled area or not, must be given to the Local Authority. The Local Authorities may also amend their Building Byelaws so as to ensure that only smokeless appliances for cooking and heating are installed in any new building.

FACTORIES

Factories Acts, 1937 and 1948

INSPECTIONS

<i>Premises</i>	<i>Number on Register</i>	<i>Number of Inspections</i>	<i>Number of Written Notices</i>	<i>Number of Occupiers Prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4, 6 and 7 are to be enforced by Local Authorities (Factories without Mechanical Power)	7	14	1	nil
(ii) Factories not included in (i) in which only Section 7 is enforced by the Local Authority (Factories with Mechanical Power)	32	26	nil	nil
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworker's premises)	nil	nil	nil	nil
Total	<u>39</u>	<u>40</u>	<u>1</u>	<u>nil</u>

CASES IN WHICH DEFECTS WERE FOUND AT FACTORIES

<i>Particulars</i>	<i>Number of cases in which defects were found</i>		<i>Number of cases in which prosecutions were instituted</i>	
	<i>Found</i>	<i>Remedied</i>	<i>Referred to H.M. Inspector</i>	<i>Referred by H.M. Inspector</i>
Want of cleanliness	1	1	nil	nil
Total ..	<u>1</u>	<u>1</u>	<u>nil</u>	<u>nil</u>

OUTWORKERS

Section 110, Factories Act 1937

<i>Nature of Work</i>	<i>No. of outworkers in August list required by Section 110 (1) (c) (3)</i>	<i>No. of cases of default in sending lists to the Council</i>	<i>No. of prosecutions for failure to supply lists</i>
Wearing apparel :			
Making etc., Cleaning and Washing	51	nil	nil
Total ..	<u>51</u>	<u>nil</u>	<u>nil</u>

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

There are no premises requiring Licensing or Registering under the above Act.

T. A. BROWN,
Chief Public Health Inspector.



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SALISBURY